

hensive discussion of cytopathology, the subject is one of the more rapidly changing and important in all of gynecology.

The book is nicely published and its many illustrations are of excellent quality and clarity. If the book sold for about half of its listed price, it would be strongly recommended to all medical students.

ROBERT C. GOODLIN, M.D.

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GENERAL ANESTHESIA—Volumes 1 and 2, Second Edition—Edited by Frankis T. Evans, M.B., B.S., F.R.C.S., F.F.A.R.C.S., Anaesthetist, St. Bartholomew's Hospital, St. Mark's Hospital for Rectal Disease, and Royal Masonic Hospital, London; and T. Cecil Gray, M.D., F.F.A.R.C.S., Professor of Anaesthesia, University of Liverpool. Volume 1—Basic Principles; Volume 2—Clinical Practice. Butterworth Inc., Washington, D.C., 1965. 1,376 pages, illustrated, \$39.50 per set.

This two-volume work is edited by two British anesthetists. The book has multiple authors. It is the second edition and contains a total of 1300 pages.

Volume I is concerned with "Basic Principles" and Volume II with "Clinical Practice."

Much of the information is already outdated as predicted by the authors. Many of the authors are not anesthetists and, as a result, fail to emphasize items and areas of significance to the practicing anesthetist. For example, the chapter on Anatomy does not devote itself primarily to those aspects of anatomy in which the anesthetist is most interested. The organization is such that an anesthetist might find it easier to refer to a standard anatomical text or an atlas.

Throughout the text, terms are used which are peculiar to England. Many drugs are discussed and British trade names or generic terms used exclusively. For United States readers, it would have been helpful to have USA generic terms included, at least, parenthetically.

Many dogmatic and unqualified statements are made about items anent which there is difference of opinion. For example, "at normal atmospheric pressure raising the oxygen in the inspired air to 60 per cent for longer than twelve hours will cause irritation of the respiratory tract with coughing and substernal pain." It is also stated that "it may be concluded from the evidence available that at halothane concentrations of 2 per cent and below, there is no significant depression of myocardial function."

As a reference text, these volumes may be useful to provide relatively up-to-date information on most any topic of interest to the anesthetist. It will still be necessary for the anesthetist to explore other sources for more recent and broader data.

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THERAPEUTIC RADIOLOGY—Rationale, technique, results—Second Edition—William T. Moss, M.D., Professor of Radiology, Northwestern University School of Medicine, Department of Radiology, Chicago, Illinois; Director, Department of Therapeutic Radiology, Veterans Administration Research Hospital, Chicago, Illinois. With foreword by Lauren V. Ackerman, M.D. The C. V. Mosby Company, St. Louis, 1965. 514 pages, \$18.75.

This edition appears approximately six years after the first, and is enlarged about 25 per cent.

The opening chapters discuss basic principles and remain in general sound. Subsequent chapters show a tendency in some sites to recommend megavoltage over orthovoltage despite the absence of any valid statistical evidence for improved cure rates.

It is to be hoped that the next edition will contain reference to the only large controlled study of orthovoltage and supervoltage, that conducted by Paterson and associates in Manchester during the last decade. This study

showed that in cancer of the cervix, Stages I to III, the survival rate following a combination of orthovoltage and intracavitary radium was significantly higher than that using a combination of megavoltage and intracavitary radium. Further, mention should be made in the next edition of the fact that Kottmeier, after several years' use of telecobalt returned to orthovoltage as a supplementary radiation in the more advanced stages of cancer of the cervix, because of the smaller number of undesirable bowel effects.

The illustration on page 231 shows a telecobalt beam used for irradiating the internal mammary nodes in females with cancer of the breast. It should be added that this technique has been abandoned by several authors on account of undesirable deep effects. These authors now use orthovoltage for such irradiation, when it is indicated.

References are appended to each chapter and there is a good index.

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CLINICAL ANTICOAGULANT THERAPY—I. Myron Vigran, M.D., M.S. (in Med.)—Fellow, American College of Physicians, American College of Cardiology, American College of Chest Physicians and International College of Angiology; Associate Attending Physician, Cedars of Lebanon Hospital; Associate Physician, Mount Sinai Hospital, Los Angeles, California; Director, Research Foundation for Circulatory Disease, Beverly Hills, California; formerly Instructor in Medicine, University of Southern California; with collaborating authors and a foreword by Irving S. Wright. Lea & Febiger, Philadelphia, Pa., 1965. 315 pages, \$15.00.

This is a delightful and, at the same time, scholarly book, which covers well the indications, contraindications, usage and complications of anticoagulant drug therapy. The historical introduction and chronology of the development of such therapy, plus the other concise compilations of knowledge to the present, follow the best medical tradition in collating knowledge: observe, record, tabulate.

There is a good chapter on the advantages and disadvantages of the various laboratory tests used to control anticoagulant therapy. Although the author has previously shown his own preference for the thrombotest, he gives a thorough and unbiased evaluation of the other tests as well. Despite its disadvantages, the Quick one-stage test still remains the most widely used laboratory control.

While the author's sample instruction sheet for patients is excellent, this reviewer believes that the patient beginning anticoagulant therapy must be given thorough office instruction concerning the recognition and differentiation of minor and serious bleeding episodes. Those patients who cannot be taught these points probably should not be treated on a long-term basis. These careful verbal precautions would probably obviate the need for the author to over-emphasize the danger of bleeding in his printed instructions.

Such experts as Ellen McDevitt and Arnold G. Ware have written excellent chapters regarding their particular fields of knowledge. Also the inclusion of photographs and biographical data of the outstanding men contributing to the development of this therapy—McLean, Best, Link, Owren and Wright, among others—adds an additional filip.

Nearly every phase of anticoagulation is covered in this book, all in a very readable format. There are some minor deficiencies in bibliographic acknowledgments, but for the most part, the references are complete.

For any physician using anticoagulant drug therapy, this is a worthwhile reference book.